FORM D: Prevention Case Management

Date: _____

OMB No. 0920-0497
Expiration Date: 04/30/2004

– Intervention Plan –
Jurisdiction Aggregate Form

[1] Jurisdiction ID: _____

[2] Number of prevention case management (PCM) interventions this form describes: _____

Complete a *separate* form for *each* primary population served by this type of intervention

Risk Population	**[3] Primary Population**	**[4] Secondary Population**
Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. *[See instructions for distinguishing between primary and secondary risk populations.]*	❍ MSM ❍ MSM/IDU ❍ IDU ❍ Heterosexual ❍ Mother with/at risk for HIV ❍ General Public	❍ MSM ❍ MSM/IDU ❍ IDU ❍ Heterosexual ❍ Mother with/at risk for HIV ❍ General Public

[5] Number of PCM interventions for this risk population to be provided by the following types of agencies (total should equal number in [2] above):

CBO - Minority Board	_____	State Health Departmen	_____	Academic Institution	_____	Other Agency	_____
CBO - Non-Minority Board	_____	Local Health Department	_____	Research Center	_____	*(please specify)*	
Faith Community	_____	Other Government	_____	Individual	_____	_____	

Total _____

[6] Clients To Be Served With CDC Funds (M = male; F = female; T = transgender; NT = sex not targeted)	**≤ 19 years old**				**20 – 29 years old**				**30 + years old**				**Age data not available**				**TOTAL**
	M	F	T	NT	M	F	T	NT	M	F	T	NT	M	F	T	NT	
Hispanic or Latino																	
Not Hispanic or Latino																	
Ethnicity Not Targeted																	
TOTAL																	
American Indian or Alaska Native																	
Asian																	
Black or African American																	
Native Hawaiian or Other Pacific																	
White																	
More Than One Race																	
Race Not Targeted																	
TOTAL																	

[9] Notes/Comments Field: